

# SAMPLES

START UPA

Rev. 8/26/2012

Use the samples to help you complete  
the packet of blank forms.



**SUMMONS-UNIFORM PARENTAGE-PETITION FOR CUSTODY AND SUPPORT**

**CITACION JUDICIAL-DERECHO DE FAMILIA**

**NOTICE TO RESPONDENT (Name):**  
**AVISO AL DEMANDADO (Nombre):**  
**THE OTHER PARENT'S NAME**

You are being sued. *A usted le esta*

**NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARENT'S NAME THE SAME WAY THROUGHOUT YOUR FORMS.**

FOR COURT USE ONLY  
 (SOLO PARA USO DE LA CORTE)

**SAMPLE ONLY**  
**Do not write on this copy!**

**PETITIONER'S NAME IS:**  
**EL NOMBRE DEL DEMANDANTE ES:**  
**YOUR NAME**

CASE NUMBER: (Número del Caso)  
**LEAVE BLANK**

You have **30 CALENDAR DAYS** after this Summons and Petition are served on you to file a *Response to Petition to Establish Parental Relationship* (form FL-220) or *Response to Petition for Custody and Support of Minor Children* (form FL-270) at the court and serve a copy on the petitioner. A letter or phone call will not protect you.

If you do not file your Response on time, the court may make orders affecting custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form. If you want legal advice, contact a lawyer immediately.

*Usted tiene 30 DIAS CALENDARIOS después de recibir oficialmente esta citación judicial y petición, para completar y presentar su formulario de Respuesta (Response form FL-220) ante la corte. Una carta o una llamada telefónica no le ofrecerá protección. Si usted no presenta su Respuesta a tiempo, la corte puede expedir órdenes que afecten la custodia de sus hijos ordenen que usted pague manutención, honorarios de abogado y las costas. Si no puede pagar las costas por la presentación de la demanda, pida al actuario de la corte que le dé un formulario de exoneración de las mismas (Waiver of Court Fees and Costs). Si desea obtener consejo legal, comuníquese de inmediato con un abogado.*

**NOTICE** *The restraining order on the back is effective against both mother and father until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.*

**AVISO** *Las prohibiciones judiciales que aparecen al reverso de esta citación son efectivas para ambos cónyuges, madre el esposo como la esposa, hasta que la petición sea rechazada, se dicte una decisión final o la corte expida instrucciones adicionales. Dichas prohibiciones pueden hacerse cumplir en cualquier parte de California por cualquier agente del Orden público que las haya recibido o que haya visto una copia de ellas.*

- The name and address of the court is: *(El nombre y dirección de la corte es)*  
**Superior Court of California, County of Santa Clara**  
**170 PARK CENTER PLAZA OR 605 W. EL CAMINO REAL**  
**SAN JOSE, CA 95113 SUNNYVALE, CA 94087**

**ASK STAFF TO STAMP FORM WITH CORRECT ADDRESS**

- The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, is:  
*(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)*  
**YOUR NAME**  
**YOUR ADDRESS**  
**YOUR PHONE #**

[SEAL]

Date *(Fecha)*: **LEAVE BLANK** Clerk *(Actuario)*, by \_\_\_\_\_, Deputy

**NOTICE TO THE PERSON SERVED: You are served**

- as an individual.
- on behalf of respondent  
 under:  Code Civ. Proc., § 416.60 (minor)  Code Civ. Proc., § 416.90 (individual)  
 Code Civ. Proc., § 416.70 (ward or conservatee)  other:
- by personal delivery on *(date)*:  
 (Read the reverse for important information)  
*(Lea el reverso para obtener información de importancia)*

**STANDARD RESTRAINING ORDER-SUMMONS**  
**Uniform Parentage Act, Petition for Custody**  
***PROHIBICION JUDICIAL ESTANDARE-Ley Uniforme de Paternidad***

**STANDARD RESTRAINING ORDER**

**You and the other party are restrained from removing from the state the minor child or children for whom this action seeks to establish a parent-child relationship without the prior written consent of the other party or an order of the court.**

This restraining order is effective against petitioner upon filing a petition and against respondent on personal service of the summons and petition or on waiver and acceptance of service by respondent.

This restraining order is effective until the judgment is entered, the petition is dismissed, or the court makes a further order.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

***PROHIBICIONES JUDICIALES ESTANDARES***

***A partir de este momento, a usted y a la otra parte se les prohíbe que saquen del estado al hijo o hijos menores de las partes, para quienes esta acción judicial procura establecer una relación entre hijo y padres, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte.***

Esta prohibición judicial entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la citación judicial y petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta prohibición judicial continuará en vigencia hasta que se dicte la decisión final, la petición sea rechazada o la corte expida instrucciones adicionales.

Podrán hacerse cumplir en cualquier parte de California por cualquier agente del orden público que las haya recibido o que haya visto una copia de ellas.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

FOR COURT USE ONLY

**YOUR NAME  
YOUR ADDRESS**

TELEPHONE NO. (Optional): **YOUR PHONE #**

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Self-Represented**

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara**

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

**ASK STAFF TO STAMP  
FORM WITH CORRECT  
ADDRESS**

**NOTE: YOU MUST WRITE  
YOUR NAME AND THE OTHER  
PARENT'S NAME THE SAME  
WAY THROUGHOUT YOUR FORMS.**

**SAMPLE  
ONLY  
Do not write  
on this copy!**

PETITIONER: **YOUR NAME**

RESPONDENT: **THE OTHER PARENT'S NAME**

**PETITION TO ESTABLISH PARENTAL RELATIONSHIP**

- Child Support**       **Child Custody**  
 **Visitation**       **Other (specify) :**

CASE NUMBER:  
**LEAVE BLANK**

1. Petitioner is

- a.  the mother.  
 b.  the father.  
 c.  the child or the child's personal representative (specify court and date of appointment) :  
 d.  other (specify) :

**PICK WHICH ONE YOU ARE**

2. The children are

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
<b>CHILD #1'S NAME</b>	<b>BIRTHDATE</b>	<b>AGE</b>	<b>M/F</b>
<b>CHILD #2'S NAME</b>	<b>BIRTHDATE</b>	<b>AGE</b>	<b>M/F</b>
<b>CHILD #3'S NAME</b>	<b>BIRTHDATE</b>	<b>AGE</b>	<b>M/F</b>

- b.  a child who is not yet born.

3. The court has jurisdiction over the respondent because the respondent

- a.  resides in this state.  
 b.  had sexual intercourse in this state, which resulted in conception of the children listed in item 2.  
 c.  other (specify) :

**CHOOSE ONE**

4. The action is brought in this county because (you must check one or more to file in this county) :

- a.  the child resides or is found in the county.  
 b.  a parent is deceased and proceedings for administration of the estate have been or could be started in this county.

5. Petitioner claims (check all that apply) :

- a.  respondent is the child's mother.  
 b.  respondent is the child's father.  
 c.  parentage has been established by Voluntary Declaration of Paternity (attach copy).  
 d.  respondent who is child's parent has failed to support the child.  
 e.  (name) : \_\_\_\_\_ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the child is obligated:  
     Amount                      Payable to                      For (specify) :

- f.  public assistance is being provided to the child.  
 g.  other (specify) : **IF YOU HAVE A CASE OPEN WITH DCSS PUT THE CASE NUMBER HERE**

6. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached.

PETITIONER: <b>YOUR NAME</b> RESPONDENT: <b>THE OTHER PARENT'S NAME</b>	CASE NUMBER: <b>LEAVE BLANK</b>
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Petitioner requests the court to make the determinations indicated below.

7. PARENT-CHILD RELATIONSHIP

a.  Respondent      b.  Petitioner

c.  Other (*specify*): CHOOSE ONE ON EACH ROW is the parent of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Visitation of children:

(1)  None

(2)  Reasonable visitation. CHOOSE WHICH PARENT WILL HAVE VISITS

(3)  Petitioner       Respondent      should have the right to visit the children as follows:

**EXPLAIN THE VISITATION SCHEDULE YOU WOULD LIKE TO HAVE FOR THE PARENT WHO DOESN'T HAVE PHYSICAL CUSTODY. BE SPECIFIC (DAYS, TIMES, LOCATIONS ETC.)**

(4)  Visitation with the following restrictions (*specify*):

d. Facts in support of the requested custody and visitation orders are (*specify*):

Contained in the attached declaration.

e.  I request mediation to work out a parenting plan.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

Reasonable expenses of pregnancy and birth be paid by as follows:	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. FEES AND COSTS OF LITIGATION

a. Attorney fees to be paid by	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE

Children's names be changed, pursuant to Family Code section 7638, as follows (*specify*):

12. CHILD SUPPORT

The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

13. I have read the restraining order on the back of the *Summons* (FL-210) and I understand it applies to me when this Petition is filed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
 Date: **TODAY'S DATE**

**PRINT YOUR NAME HERE**  
(TYPE OR PRINT NAME)

**▶ SIGN YOUR NAME HERE**  
(SIGNATURE OF PETITIONER)

A blank *Response to Petition to Establish Parental Relationship* (form FL-220) must be served on the Respondent with this Petition.

**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.**

PETITIONER/PLAINTIFF: <b>PETITIONER'S NAME</b>	CASE NUMBER: <b>YOUR CASE NUMBER</b>
RESPONDENT/DEFENDANT: <b>RESPONDENT'S NAME</b>	

**CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT**

TO  **Petition, Response, Application for Order or Responsive Declaration**     **Other (specify):**  
 **To be ordered now and effective until the hearing**

1.  **Custody.** Custody of the minor children of the parties is requested as follows:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <small>(person who makes decisions about health, education, etc.)</small>	<u>Physical Custody to</u> <small>(person with whom the child lives)</small>
<b>CHILD #1'S NAME</b>	<b>BIRTHDATE</b>	<b>YOU HAVE 3 CHOICES:</b>	<b>YOU HAVE 3 CHOICES:</b>
<b>CHILD #2'S NAME</b>	<b>BIRTHDATE</b>	<b>YOUR NAME,</b>	<b>YOUR NAME,</b>
<b>CHILD #3'S NAME</b>	<b>BIRTHDATE</b>	<b>THE OTHER PARENT'S NAME</b>	<b>THE OTHER PARENT'S NAME</b>
		<b>OR JOINT</b>	<b>OR JOINT</b>

2.  **Visitation.**

a.  Reasonable **violence** COMPLETE THIS SECTION WITH THE PARENTING SCHEDULE YOU WANT FOR THE PARENT THE CHILD DOESN'T USUALLY LIVE WITH **involving domestic**

b.  See the attached \_\_\_\_\_-page document dated *(specify date)*:  
c.  The parties will go to mediation at *(specify location)*: Check box 2.c. IF you want the court to order you and the other party to go to Mediation to work out a parenting plan

d.  No visitation

e.  Visitation for the  petitioner  respondent will be as follows:

(1)  **Weekends starting (date):** Check the box if you are asking for Weekend parenting time

*(The first weekend of the month is the first weekend with a Saturday.)*

1st     2nd     3rd     4th     5th    weekend of the month

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
*(day of week) (time)*

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
*(day of week) (time)*

(a)  The parents will alternate the fifth weekends, with the  petitioner  respondent having the initial fifth weekend, which starts *(date)*:

(b)  The petitioner will have fifth weekends in  odd  even months.

(2)  **Alternate weekends starting (date) :**

The  petitioner  respondent will have the children with him or her during the period

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
*(day of week) (time)*

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
*(day of week) (time)*

(3)  **Weekdays starting (date) :** Check the box if you are asking for Weekday parenting time

The  petitioner  respondent will have the children with him or her during the period

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
*(day of week) (time)*

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
*(day of week) (time)*

(4)  **Other (specify days and times as well as any additional restrictions) :**

See Attachment 2e(4).

PETITIONER: PETITIONER'S NAME	CASE NUMBER: <b>YOUR CASE NUMBER</b>
RESPONDENT: RESPONDENT'S NAME	

**FILL OUT ITEM 3 IF IT APPLIES**

3.  **Supervised visitation.**  
 I request that *(name)* : \_\_\_\_\_ have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by *(name)* : \_\_\_\_\_ who is a  professional  nonprofessional supervisor. The supervisor's phone number is *(specify)* :

I request that the costs of supervision be paid as follows: petitioner: \_\_\_\_\_ percent; respondent: \_\_\_\_\_ percent.

**If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.**

**FILL OUT ITEM 4 IF IT APPLIES**

4.  **Transportation for visitation and place of exchange.**

- a.  Transportation **to** the visits will be provided by *(name)* :
- b.  Transportation **from** the visits will be provided by *(name)* :
- c.  Drop-off of the children will be at *(address)* :
- d.  Pick-up of the children will be at *(address)* :
- e.  The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- f.  During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
- g.  Other *(specify)* :

**FILL OUT ITEM 5 IF IT APPLIES**

5.  **Travel with children.** The  petitioner  respondent  other *(name)* : \_\_\_\_\_ **must** have written permission from the other parent or a court order to take the children out of

- a.  the state of California.
- b.  the following counties *(specify)* :
- c.  other places *(specify)* :

6.  **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.

7.  **Children's holiday schedule.** I request the holiday and visitation schedule set out on the attached  form FL-341(C)  other *(specify)* :

8.  **Additional custody provisions.** I request the additional orders regarding custody set out on the attached  form FL-341(D)  other *(specify)* :

9.  **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached  form FL-341(E)  other *(specify)* :

10.  **Other.** I request the following additional orders *(specify)* :



ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  YOUR NAME YOUR ADDRESS TELEPHONE NO.: E-MAIL ADDRESS ( <i>Optional</i> ): ATTORNEY FOR ( <i>Name</i> ):	FOR COURT USE ONLY  <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     ASK STAFF TO STAMP WITH CORRECT ADDRESS                 </div>
PETITIONER: YOUR NAME RESPONDENT: THE OTHER PARENT'S NAME OTHER PARTY:	(This section applies only to family law cases.)
GUARDIANSHIP OF ( <i>Name</i> ): LEAVE BLANK	(This section applies only to guardianship cases.) CASE NUMBER:  LEAVE BLANK
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am a party to this proceeding to determine custody of a child.
2.  My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3. # OF CHILDREN YOU HAVE WITH THE OTHER PARTY
3. There are (*specify number*): minor children who are subject to this proceeding, as follows:  
 (*Insert the information requested below. The residence information must be given for the last FIVE years.*)

a. Child's name CHILD #1'S NAME (OLDEST CHILD)	Place of birth FOR EXAMPLE: SAN JOSE, CA	Date of birth BIRTHDATE	Sex M OR F
Period of residence 1/05 to present	Address 123 MAPLE STREET <input type="checkbox"/> Confidential SAN JOSE, CA	Person child lived with ( <i>name and complete current address</i> ) JOHN SMITH <input type="checkbox"/> Confidential SAME ADDRESS	Relationship FATHER
3/00 to 1/05	Child's residence ( <i>City, State</i> ) 231 ELM STREET, MILPITAS, CA	Person child lived with ( <i>name and complete current address</i> ) SALLY DOE 543 OAK STREET, SAN JOSE, CA	MOTHER
to	ABOVE IS AN EXAMPLE OF HOW TO COMPLETE THIS FORM. THIS FORM ASKS YOU TO SHOW WHERE THE CHILD HAS LIVED FOR THE LAST 5 YEARS AND WHO HAS LIVED WITH THE CHILD. START WITH THE CHILD'S CURRENT ADDRESS AND WORK BACKWARDS FOR THE LAST 5 YEARS. IF YOU CAN'T REMEMBER OR DON'T KNOW THE EXACT ADDRESSES, PUT AS MUCH AS YOU KNOW.		
to			
b. Child's name CHILD #2'S NAME (NEXT OLDEST CHILD)	Place of birth FOR EXAMPLE: SAN JOSE, CA	Date of birth BIRTHDATE	Sex M OR F
<input type="checkbox"/> Residence information is the same as given above for child a. ( <i>If NOT the same, provide the information below.</i> )			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with ( <i>name and complete current address</i> ) <input type="checkbox"/> Confidential	Relationship
to	IF THERE ARE MORE CHILDREN, FILL OUT ITEM 2 (AND ATTACHMENT FORM FL-105(A) IF THERE ARE 3 OR MORE CHILDREN). IF THE ADDITIONAL CHILDREN HAVE THE SAME ADDRESS INFORMATION AS THE OLDEST CHILD CHECK THE BOX IN ITEM B SAYING IT IS THE SAME. IF THE ADDRESS INFORMATION IS DIFFERENT THEN COMPLETE THE ENTIRE ADDRESS SECTION.		
to			
to	Child's residence ( <i>City, State</i> )	Person child lived with ( <i>name and complete current address</i> )	

- c.  Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d.  Additional children are listed on form FL-105(A)/GC-120(A). (*Provide all requested information for additional children.*)

SHORT TITLE: PETITIONER'S LAST NAME V. RESPONDENT'S LAST NAME	CASE NUMBER: LEAVE BLANK
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

IF YOU KNOW ABOUT ANY OTHER COURT CASE(S) INVOLVING THE CHILD(REN) IN THIS CASE CHECK "YES" ABOVE AND COMPLETE THIS SECTION.

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5.  One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

IF THERE ARE ANY RESTRAINING ORDERS IN PLACE, CHECK THE BOX NEXT TO ITEM 5, THEN CHECK THE BOX NEXT TO THE TYPE OF COURT THAT MADE THE ORDERS AND FILL IN THE CASE INFORMATION HERE.

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case?  Yes  No (If yes, provide the following information):

a. Name and address of person	b. Name and address of person	c. Name and address of person
<b>IF YOU THINK YOU SHOULD FILL OUT THIS AREA, CHECK WITH STAFF FIRST.</b>		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: TODAY'S DATE

PRINT YOUR NAME HERE \_\_\_\_\_  
 (TYPE OR PRINT NAME)

SIGN YOUR NAME HERE \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

7.  Number of pages attached: \_\_\_\_\_

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State bar number, and address):

FOR COURT USE ONLY

YOUR NAME  
YOUR ADDRESS

NOTE: YOU MUST WRITE  
YOUR NAME AND THE OTHER  
PARENT'S NAME THE SAME  
WAY THROUGHOUT YOUR FORMS.

**SAMPLE  
ONLY**  
**Do not write  
on this copy!**

TELEPHONE NO.:

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Self Represented**

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SANTA CLARA  
FAMILY DIVISION**

**DECLARATION OF RESIDENCE**  
(For Family Law and Parentage Actions Only)

CASE NUMBER:

LEAVE BLANK

*This declaration must be filed with all new family law actions (including, but not limited to, dissolution, legal separation and nullity), and all new actions started under the Uniform Parentage Act (UPA) (including UPA actions filed simultaneously with a Domestic Violence Prevention Act case). Cases assigned to Department 101 (Domestic Violence Prevention Act that are not filed simultaneously with a UPA action, Civil Harassment, Elder Abuse, and Workplace Violence cases) and those filed by Department of Child Support Services (DCSS) are exempt from this requirement.*

I am the Petitioner in this case and declare under penalty of perjury that (check one of the boxes labeled 1, 2 or 3):

1.  I live in Santa Clara County, and my residence is currently located in the zip code area checked below.

OR **CHECK ONE, ASK STAFF IF NEITHER ONE APPLIES**

I do not live in Santa Clara County, but the Respondent lives in the County and his or her residence is currently located in the zip code area listed below.

If either box is checked above, please **FIND THE CORRECT ZIP CODE AND CHECK THE CORRECT BOXES**

**Central County - Courthouse**

- 95030  95033  95042  95101  95110  95111  95112  95113  95115  95116  95117
- 95118  95120  95121  95122  95123  95124  95125  95126  95127  95130  95131
- 95132  95133  95135  95136  95138  95139  95140  95148  95192  95193

**North County - Courthouse located at 605 W. El Camino Real, Sunnyvale, CA 94087**

- 94022  94024  94035  94040  94041  94043  94063  94085  94086  94087  94089
- 94301  94303  94304  94305  94306  95002  95008  95014  95032  95035  95050
- 95051  95053  95054  95070  95128  95129  95134

**South County - Courthouse located at 301 Diana Avenue, Morgan Hill, CA 95037**

- 95013  95020  95021  95037  95038  95046  95119  95141

OR  
2.  **Neither I nor Respondent currently resides in Santa Clara County.**

OR  
3.  **I have registered my address as confidential with the Secretary of State's "Safe At Home" program and decline to provide the zip code for my residence.**

Date: TODAY'S DATE

SIGN YOUR NAME HERE

Signature of Petitioner





PETITIONER: <span style="border: 1px solid black; padding: 2px;">YOUR NAME</span>	CASE NUMBER: <span style="border: 1px solid black; padding: 2px;">LEAVE BLANK</span>
RESPONDENT: <span style="border: 1px solid black; padding: 2px;">OTHER PARENT'S NAME</span>	

3. b. (cont.) on (date): \_\_\_\_\_ at (time): \_\_\_\_\_
- I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): \_\_\_\_\_
- A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.
- c.  **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_
- (1)  with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. **(Attach completed Notice and Acknowledgment of Receipt (form FL-117).)** (Code Civ. Proc., § 415.30.)
- (2)  to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., § 415.40.)
- d.  **Other** (specify code section): \_\_\_\_\_  
 Continued on Attachment 3d.

4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):
- a.  As an individual or
- b.  On behalf of respondent who is a
- (1)  minor. (Code Civ. Proc., § 416.60.)
- (2)  ward or conservatee. (Code Civ. Proc., § 416.70.)
- (3)  other (specify): \_\_\_\_\_

5. **Person who served papers**

Name: NAME OF SERVER (PERSON WHO HANDED THE PAPERS TO THE OTHER PARENT)

Address: SERVER'S ADDRESS

Telephone number: SERVER'S PHONE NUMBER

- This person is
- a.  exempt from registration CHECK ONE and Professions Code section 22350(b).
- b.  not a registered California process server.
- c.  a registered California process server:  an employee or  an independent contractor
- (1) Registration no.: \_\_\_\_\_
- (2) County: \_\_\_\_\_
- d. **The fee** for service was (specify): \$ \_\_\_\_\_

6.  **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
7.  **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: DATE SERVER SIGNS

SERVER PRINTS THEIR NAME HERE  
(NAME OF PERSON WHO SERVED PAPERS)

SERVER SIGNS HERE  
(SIGNATURE OF PERSON WHO SERVED PAPERS)